



April 6, 2001

ENGROSSED HOUSE BILL No. 1938

DIGEST OF HB 1938 (Updated April 5, 2001 12:14 PM - DI 44)

Citations Affected: IC 12-7; IC 12-15; noncode.

Synopsis: Medicaid coverage for breast and cervical cancer. Expands Medicaid to include women screened and found to need treatment under the federal Breast and Cervical Cancer Prevention and Treatment Act of 2000. Allows presumptive eligibility for qualified women. Limits eligibility to women whose family income does not exceed 200% of the federal income poverty level for the same size family. Appropriates funds from the state general fund.

Effective: July 1, 2001.

Becker, Brown C, Welch, Budak

(SENATE SPONSORS — GARD, MILLER, SERVER, SIMPSON)

January 17, 2001, read first time and referred to Committee on Human Affairs.
February 8, 2001, amended, reported — Do Pass.
February 12, 2001, referred to Committee on Ways and Means pursuant to House Rule 127.
February 26, 2001, amended, reported — Do Pass.
March 5, 2001, read second time, ordered engrossed. Engrossed.
March 6, 2001, read third time, passed. Yeas 93, nays 0.
SENATE ACTION
March 15, 2001, read first time and referred to Committee on Health and Provider Services.
March 29, 2001, reported — Do Pass; reassigned to Committee on Finance.
April 5, 2001, reported favorably — Do Pass.

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April 6, 2001

First Regular Session 112th General Assembly (2001)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2000 General Assembly.

ENGROSSED HOUSE BILL No. 1938

A BILL FOR AN ACT to amend the Indiana Code concerning Medicaid and to make an appropriation.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. IC 12-7-2-154.8 IS AMENDED TO READ AS
2 FOLLOWS [EFFECTIVE JULY 1, 2001]: Sec. 154.8. "Qualified
3 entity" **means the following:**

4 (1) For purposes of IC 12-15-2.2, has the meaning set forth in
5 IC 12-15-2.2-1.

6 (2) For purposes of IC 12-15-2.3, has the meaning set forth in
7 IC 12-15-2.3-2.

8 SECTION 2. IC 12-15-2-13.5 IS ADDED TO THE INDIANA
9 CODE AS A NEW SECTION TO READ AS FOLLOWS
10 [EFFECTIVE JULY 1, 2001]: Sec. 13.5. (a) A woman:

11 (1) who is not eligible for Medicaid under any other section of
12 this chapter;

13 (2) who is less than sixty-five (65) years of age;

14 (3) who has been:

15 (A) screened for breast or cervical cancer through the
16 breast and cervical cancer screening program under the
17 federal Breast and Cervical Cancer Mortality Prevention

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1 Act of 1990 (42 U.S.C. 300k); and
 2 (B) determined to need treatment for breast or cervical
 3 cancer;
 4 (4) who is not otherwise covered under credible coverage (as
 5 defined in 42 U.S.C. 300gg(c)); and
 6 (5) whose family income does not exceed two hundred percent
 7 (200%) of the federal income poverty level for the same size
 8 family;
 9 is eligible for Medicaid.

10 (b) Medicaid made available to a woman described in subsection
 11 (a) is limited to the duration of treatment required for breast or
 12 cervical cancer.

13 SECTION 3. IC 12-15-2.3 IS ADDED TO THE INDIANA CODE
 14 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
 15 JULY 1, 2001]:

16 Chapter 2.3. Presumptive Eligibility for Women With Breast or
 17 Cervical Cancer

18 Sec. 1. This chapter applies to a woman who is eligible for
 19 Medicaid under IC 12-15-2-13.5.

20 Sec. 2. As used in this chapter, "qualified entity" means an
 21 entity that:

- 22 (1) is eligible to receive payments and provide items and
- 23 services under this article;
- 24 (2) provides outpatient hospital services, rural health clinic
- 25 services, and any other ambulatory services offered by a rural
- 26 health clinic, or clinic services furnished by or under the
- 27 direction of a licensed physician; and
- 28 (3) meets all other requirements set forth in 42 U.S.C. 1920B.

29 Sec. 3. A qualified entity may establish the presumptive
 30 eligibility of a woman described in section 1 of this chapter.

31 Sec. 4. The office shall consider the following to be qualified
 32 entities:

- 33 (1) A disproportionate share provider under IC 12-15-16-1(a)
- 34 or IC 12-15-16-1(b).
- 35 (2) A federally qualified health clinic.
- 36 (3) A rural health clinic.

37 Sec. 5. The office shall provide each qualified entity with the
 38 following:

- 39 (1) Application forms for Medicaid.
- 40 (2) Information on how to assist a woman described in section
- 41 1 of this chapter in completing and filing the application
- 42 forms.



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1 **Sec. 6. The office shall provide Medicaid services to a woman**
 2 **described in section 1 of this chapter during a period that:**

3 **(1) begins on the date on which a qualified entity determines**
 4 **on the basis of preliminary information that the woman is**
 5 **eligible for Medicaid under IC 12-15-2-13.5; and**

6 **(2) ends on the earlier of the following:**

7 **(A) The date on which a determination is made by a**
 8 **representative of the county office with respect to the**
 9 **eligibility of the woman under IC 12-15-2-13.5.**

10 **(B) The last day of the month following the month in which**
 11 **the qualified entity makes the determination described in**
 12 **subdivision (1).**

13 **Sec. 7. A woman described in section 1 of this chapter may only**
 14 **have a presumptive eligibility determination made by an entity**
 15 **described in section 2 of this chapter.**

16 **Sec. 8. A qualified entity that determines that a woman**
 17 **described in section 1 of this chapter is presumptively eligible for**
 18 **Medicaid shall do the following:**

19 **(1) Notify the office of the determination within five (5)**
 20 **working days after the date on which the determination is**
 21 **made.**

22 **(2) Inform the woman at the time a determination is made**
 23 **that an application for Medicaid is required to be made at the**
 24 **county office in the county where the woman resides or an**
 25 **enrollment center (as provided in IC 12-15-4-1) not later than**
 26 **the last day of the month following the month during which**
 27 **the determination is made.**

28 **Sec. 9. If a woman described in section 1 of this chapter is**
 29 **determined to be presumptively eligible for Medicaid under this**
 30 **chapter, the woman must complete an application for Medicaid as**
 31 **provided in IC 12-15-4 not later than the last day of the month**
 32 **following the month during which the determination is made.**

33 **Sec. 10. If a woman described in section 1 of this chapter:**

34 **(1) is determined to be presumptively eligible for Medicaid**
 35 **under this chapter; and**

36 **(2) appoints, in writing, an agent of a qualified entity under**
 37 **section 4 of this chapter as the woman's authorized**
 38 **representative for purposes of completing all aspects of the**
 39 **Medicaid application process;**

40 **the county office shall conduct any face-to-face interview that is**
 41 **necessary to determine the woman's eligibility for Medicaid with**
 42 **the woman's authorized representative.**



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1 **Sec. 11. If a woman described in section 1 of this chapter is:**

2 **(1) determined to be presumptively eligible for Medicaid**
3 **under this chapter; and**

4 **(2) subsequently determined not to be eligible for Medicaid;**
5 **a qualified entity under section 4(1) or 4(2) of this chapter that**
6 **determined that the woman was presumptively eligible for**
7 **Medicaid shall reimburse the office for all funds expended by the**
8 **office in paying for care for the woman during the woman's period**
9 **of presumptive eligibility.**

10 **Sec. 12. The office shall adopt rules under IC 4-22-2 to**
11 **implement this chapter, including rules that may impose additional**
12 **requirements for qualified entities that are consistent with federal**
13 **regulations.**

14 **SECTION 4. [EFFECTIVE JULY 1, 2001] There is annually**
15 **appropriated to the office of the secretary of family and social**
16 **services from the state general fund an amount sufficient to**
17 **provide services to those individuals eligible for Medicaid under**
18 **IC 12-15-2-13.5 and IC 12-15-2.3, both as added by this act.**

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COMMITTEE REPORT

Mr. Speaker: Your Committee on Human Affairs, to which was referred House Bill 1938, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 2, line 8, delete ":".

Page 2, delete lines 9 through 10.

Page 2, line 11, delete "(2)".

Page 2, run in lines 8 and 11.

Page 2, delete lines 13 through 16.

Page 3, line 5, delete "Subject to section 7(2) of this chapter, the" and insert "**The**".

Page 3, line 18, delete ":".

Page 3, line 19, delete "(1)".

Page 3, run in lines 18 through 19.

Page 3, line 20, delete "; and" and insert ".".

Page 3, delete lines 21 and 22.

and when so amended that said bill do pass.

(Reference is to HB 1938 as introduced.)

SUMMERS, Chair

Committee Vote: yeas 13, nays 0.

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COMMITTEE REPORT

Mr. Speaker: Your Committee on Ways and Means, to which was referred House Bill 1938, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 1, line 10, delete "who".

Page 1, line 11, after "(1)" insert "**who**".

Page 1, line 13, after "(2)" insert "**who**".

Page 1, line 14, after "(3)" insert "**who**".

Page 2, line 3, delete "and".

Page 2, line 4, after "(4)" insert "**who**".

Page 2, line 5, after "," insert "**and**

(5) whose family income does not exceed two hundred percent (200%) of the federal income poverty level for the same size family;".

and when so amended that said bill do pass.

(Reference is to HB 1938 as printed February 9, 2001.)

BAUER, Chair

Committee Vote: yeas 24, nays 0.

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COMMITTEE REPORT

Mr. President: The Senate Committee on Health and Provider Services, to which was referred House Bill No. 1938, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill DO PASS and be reassigned to the Senate Committee on Finance.

(Reference is made to House Bill 1938 as printed February 27, 2001.)

MILLER, Chairperson

Committee Vote: Yeas 7, Nays 0.

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COMMITTEE REPORT

Mr. President: The Senate Committee on Finance, to which was referred House Bill No. 1938, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill DO PASS.

(Reference is made to House Bill 1938 as printed February 27, 2001.)

BORST, Chairperson

Committee Vote: Yeas 13, Nays 1.

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